1 PLACE OF DEATH	STATE OF MARYLAND
County Cealment 21439	CERTIFICATE OF DEATH
D 0	Registration Dist. No. 3
Village or City mee freda (No. 1)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Place Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day) (Year) 1 day, hrs.	that I last saw h alive on the date stated above, at
OCCUPATION (a) Trade, profession, or particular kind of work	The CAUSE OF DEATH * was as follows:
(b) General nature of Industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary Secondary
10 NAME OF FATHER CLEY Brook. 11 BIRTHPLACE OF FATHER (State or country)	(Signed) (Quration) yrs mos ds. (Signed) (Signed) (Address) (M. 0. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIPAL OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrsmosds. State,yrsmosds. Where was disease contracted,
(Informant) Hurry Property (Informant)	If not at place of death ?
(Address) Barstow	Place of Burial or REMOVAL DATE OF BURIAL OCE. /(a, 1915)
FIRED DEC 16, 1915 STURES REGISTRAR	20 UNDERTAKER ADDRESS Wen Barstow
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved-by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. engaged in domestic service for wages, as Servant, Cook, write None. or given up on account of the DISEASE CAUSING DEATH, Hausemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer business, that fact may be indicated thus: Farmer (retired mobile foctory. mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part As examples: (a) Spinner, (b) Cotton Never return "Laborer," If retired from

Statement of Cause of Beath—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations SUICIDAL, or HOMICIDAL, or as probably such, if impossible mus," "Old Age," "Shock," "Uracmia," "Weakness." and consequences (c. g., sepsis, tetanus) may be stated state MEANS OF INJURY and quality as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal septicharmia, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon Nomenclature of the American Medical Association.) suicide. head-homicide; Poisoned by carbolic acid-probably Struck by railway troin—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths cause. etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Meastes; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull "Senile," etc.), The contributory (secondary or intercur-"Dropsy," "Exhaustion,"



V. S. No. 1.

Village or City Baroloro (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 7
2 FULL NAME Philip 6	allerlos give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year 17 I HEREBY CERTIFY. That I attended deceased fro
7 AGE (Month) (Day) (Year) 7 AGE If LESS than 1 day, hrs. OR min. ?	that I last saw here alive on "", 191." and that death occurred on the date stated above, at 7.0. The CAUSE OF DEATH * was as follows:
POCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry	Tasko Enleveleto
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER Lithia Busica	(Signed) (Buretien) yrs. mos. (Signed) (Address) M *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER FATHER OF FATHER C State or country) 11 BIRTHPLACE OF FATHER (State or country) 2 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Buretien) yrs. mos. (Signed) (Address) M *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL Or HOMICIDAL.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servent, Cook, Housemaid, etc. If the occupation has been changed employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Furni laborer, Laborer taken to report specifically the occupations of persons of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Growry; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, cian, Compositor, Architect, is provided for the latter statement; it should be used business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-The material worked on may form part Locomotive engineer, Civil If retired from

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; "Heart failure," "Haemorrhage," "Inanition," "Maras-nus," "Old Age," "Shock," "Uracmia," "Weakness." on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichumia," "Puerperal pertinnitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart discose; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... The contributory (secondary or intercur-Never report mere



S. No. 1.

N. B.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD Every Item of information should be CAUSE OF DEATH in plain terms, so important.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very of information should be carefully supplied.

DEATH in plain terms, so that it may be See instructions on back of certificate. 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 57

-		347	
	t.:	W	araı

[It death occurred in a hospital or Institution, give its NAME instead

		2-11	Commen	
FULL	NAME	around.	- rawfr	~~

FULL NAME David Cr	aufund of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Color or RACE Single, MARRIED, Wildows Deven Deven Windows (Write the word)	16 DATE OF DEATH 2 , 18 , 191 (Year)
G DATE OF BIRTH DON'S ITERON, 1	17 I HEREBY CERTIFY, That I attended deceased from, 191, 191, 191, 191, 191
(Month) (Day (Year) 7 AGE It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Apopleyey no ply recese the ding (Buration) yrs mos ds.
9 BIRTHPLACE (State or country.) 10 NAME OF FATHER DOWN // 11 BIRTHPLACE OF FATHER (State or country). 4/ // 12 Maiden NAME OF MOTHER OT MOTHER OF MOTHER OF MOTHER OT MOTHER O	(Signed) (Ooration) yrs mos ds. (Signed) (Address) (Manager of the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother of Mother of Mother of Mother of Mother of Mother (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Andrew of Mother of Mothe	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence.
(Address) Recuercian (Address) Registras	19 PLACE OF BURIAL OR REMOVAL Please Point Dec 20, 191 J 20 UNDERTAKER With Hulchine Mt / rannon



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the honsehold only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are eugaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or judnstry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. ness of various parsnits can be known. The question tlon is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—in all each of time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is ludefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic eause. Always qualify all diseases resulting from thenla," "Anaemla" (merely symptomatic), "Atrophy," ample: Measles (disease cansing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis three of the American Medical Association.) eause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injnry, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. mia," "PUERPERAL peritonitis," childbirth or misearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less defiuite; avoid use of "Tumor" for malig-(Recommendations on statement of etc. State canse for For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

V. S. No. 1.

1 PLACE OF DEATH		STA	ATE OF MAR	
County Colvery 21442	(48) CER	FIFICATE OF Registration Dist	
VIIIage or City mccefredy (No.	Enris		Ward)	[if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTIC	CULARS	MEDICAL	CERTIFICATE OF	F DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIOOWED OR DIVORCE (Write the work	m.			(Day), (Year) ended deceased from
7 AGE (Month) (Day 7 AGE 2 3 yrs. mos. ds 8 OCCUPATION (a) Irade, profession, or particular kind of work	tf. LESS than and the last tha	i last saw h	alive ond on the date sta	ted above, atm
(b) General nature of Industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF		ontributory		yrs. mos. da
FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME OF MOTHER 12 MAIOEN NAME OF MOTHER 13 MAIOEN NAME OF MOTHER		*State the DISEASE JAUSES, state (1) MEAN UUCIDAL OF HOMICIDAL.		in deaths from VIOLENT whether ACCIDENTAL,
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOW	At pl of de Where	R RECENT RESIDENTS) ace athyrsmos. b was disease contracted, t et place of death?	in theds. State,	NSTITUTIONS, TRANSIENTSyrsmosdi
(Informanl) (Address) (Address) Filed Jan 34, 1916 June	Usual 19 pi	residence	REMOVAL	OATE OF BURIAL ADDRESS PL
If more blanks are needed, addre		Saratoga St., Balto., Re	questing V. S. No. 1.	1-1-00-1-1

[Approved by U. S. Census and American Public Health Association.]

when to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, or given up on account of the DISEASE CAUSING DEATH, Mousemaid, etc. If the occupation has been changed business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. employed, as At school or At home. Care should be wife, Housework, or At Home, and ehildren, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers write None. precise specification as Day laborer, Farm laborer, Loborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton engineer, Stationary fireman, etc. But in many eases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulknow (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the Coal mine, etc. Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobor pneumonia, Branchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

"Puerperal perilonitis," etc. State cause for which surgical operation was undertaken. For violent deaths on statement of cause of death approved by Committee under the head of "Contributary." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible mus," "Old Age," "Shoek," "Uracinia," "Weakness," chopneumonia (secondary), 10 ds. Never report mere eough; Chronic valeular heart disease; Chronic interstitial on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning, state MEANS OF INJURY and qualify as ACCIDENTAL, birth or miscarriage as ete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... Always qualify all diseases resulting from child-The nature of the injury, as fracture of skull The contributory (secondary or intereur-"PUERPERAL septichaemia," "Dropsy," "Exhaustion,"



PHYSICIANS EXACTI ciassified stated be properly certificate should of may back G fully supplied. 00 instructions lain Dis 2 Should EATH I **Important** of information CAUSE OF D 90 should state CA Every item

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. It death occurred in a hospital or institution. give its NAME instead of street and number. PERSONAL AND STATISTICAL PARTICIPLARS MEDICAL CERTIFICATE OF DEATH 3 SEX SINGLI 16 DATE OF DEATH WIDOWE OR DIVERDE (Month) (Day) I HEREBY CERTIFY. That I attended deceased from (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH * was as follows: OR mle. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of lodustry business, or establishment in (Duration) yrs. mes. which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) RENTS 11 BIRTHPLACE (Address) OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accinental, Suicinal or Homicidal, OF MOTHER PA LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At pisce In the OF MOTHER (State or country) ______yre. _____ds. _____ds. Siste. ______yrs. _____mos. ___ Where was dissess contracted. 14 THE ABOVE IS TRUE TO If got at piacs of death?..... uenni residence DATE OF BURIAL 20 UNDERTAKER If more blanks are needed, address State Registrar, 10 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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Very OCCUPATION PHYSICIANS RECORD 50 statement PERMANENT classified. D THIS properly UNFADING INK supplied. pe may certificate, 9 0 WITH back plain See Instructions 5 DEATH 50 Item 1 important. Every Ite

PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death occurred in

....Ward) a hospifal or institution. give ifs NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. MARRIED. WIDOWED. OROIVORCEO (Month) (Day (Year) I HEREBY CERTIFY. That I attended deceased from 1915 to Dec (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishmeni in (Duration) which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.

	Ai place		In the			
	of death yrs mos	ds.	Sfate	yrs,	mos.	d
l	Where was disease contracted,					

Former or

DATE OF BURIAL

20 UNDERTAKER

ADDRESS

Clied	191	

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRU

15

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But lu many applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rctnru "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

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LENT DEATHS state MEANS OF INJURY and qualify as nant neoplasms); Meastes; Whooping cough; Chronic ture of the American Medical Association.) scpsis, tctanus) may be stated under the head of injury, as fracture of sknll, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERFERAL peritonitis," etc. State canse for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease cansing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, ccr" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can canse of death approved by Committee on Nomencla. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: cause. Always qualify all diseases resulting from "Heart failure," "Hacmorrhage," "Inauition," "Maras-The contributory (secondary or intercarrent) "Senile," ctc.), "Dropsy," "Exhaustlon," (Recommendations on statement of



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Vitlage or City PLACE OF DEATH County 21445 Vitlage or City Mo. al 2FULL NAME Man Su	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) [if death occurred in a hospital or lostitution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FORMAL COLOROR RACE SNIGLE, MARRIED, WIDOLOR, WIDOLOR, OR DIVOR PD (IF rife the word)	(Month) (Day (Year) 17 HEREBY CERTIFY, That I attended decsaasd from
(Month) (Day (Year) 7 AGE If LESS than 1 day,hrs. OR	and that death occurred on the date atted above, at many the CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment ina which amployed (or employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF GRANTITO THE SECOND OF STATE OF COLOUTY 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OTHER OF MOTHER OTHER OTHE	(Signed) John Constitution (Signed) John Constit
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	OR RECENT RESIDENTS) At place in the of death yrs, mos ds. State yrs, mos ds Where was disease contracted, if not at place of death? Former or
(Address) Miller Med Med Silver Proposed Propose	19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER 20 UNDERTAKER ADDRESS PLACE TOTAL ADDRESS FOR FRANKLIN St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precisc specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Women at home, who are engaged in the As examples: "Foreman,"

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N. B.

Village or City Hundre (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) St.: Ward) in hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Formale Whish Or Date of BIRTH The Act of Street Control of the Word of the Wo	16 DATE OF OEATH OCC. 29, 191 (Month) (Day (Year)
(Month) (Day (Year) 7 AGE If LESS than 1 day,hrs. 9 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which amployed (or employer)	that I last saw h alive on 191 and that death occurred on the date stated above, at m, The CAUSE OF DEATH* was as follows:
10 NAME OF FATHER Not Branco 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 ORDER 15 ORDER 16 ORDER 17 ORDER 18 ORDER 19 ORDER 10 ORDER 11 ORDER 11 ORDER 12 ORDER 13 ORDER 14 ORDER 15 ORDER 16 ORDER 17 ORDER 18 ORDER 18 ORDER 18 ORDER 18 ORDER 18 ORDER 18 ORDER 19 ORDER 19 ORDER 10 ORDER 10 ORDER 10 ORDER 11 ORDER 12 ORDER 13 ORDER 14 ORDER 15 ORDER 16 ORDER 17 ORDER 18 ORDER	(Signed) (Boration) yrs mos ds. (Signed) (Boration) yrs mos ds. (Signed) (Boration) yrs mos ds. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds. Where was disease contracted, If not at place of death? Former or usual residence.
(Address) . Justing town 15 Filed, 191	19 PLACE OF BURIAL OR REMOVAL Shirting town 20 UNDERTAKER W.J. H. Shirtens M. Harmony

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V. S. No. 1.

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FLACE OF DEATH	STATE OF MARYLAND
about 2142	CERTIFICATE OF DEATH
Count	Registration Dist, No.
Village or Sill Old (No. 1)	St.; Ward) [If death occurred in a hospital or lostitution, give its Name instead of street and number.]
FULL NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED MARRIED MARRIED MONTH (Write the word)	Date of Death (Month) (Day (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY. That I attended deceased from
Nie 2,184	that I last saw h alive on Aug 1915
(Month) (Day (Year) 7 AGE If LESS than	and that death occurred on the date stated above, at 10207m,
yrs mos ds. or min.?	The CAUSE OF DEATH* was as follows:
6 OCCUPATION	A / A Dinle
(a) Trade, profession, or particular kind of work	o will Heart fallung
(b) General nature of industry, business, or establishment in	(Guration) Zyrs mos ds.
which employed (or employer) 9 BIRTHPLACE (State or country)	Gontributory Secondary
- Ouryung	Myration) yrs mos ds.
10 NAME OF FATHER TO A STATE OF THE PARTY OF	Wigned to the control of the
M 11 BIRTYPLACE	Anel 1915 (Address weby mg
State of country)	
11 BIRTYPLACE OF FATHER (State of country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and 2) whether Accidental, Suicidal, or Homicidal.
	LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or gountry)	At place in the
14 THE ABOVE IS THUE TO THE BETT OF MY KNOWLEDGE	Where was diseasa contracted,
of my of the standards	If not at place of death?
(Information)	usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
16 At 18 50 All 16	29-UN DERTAKER ADDRESS O
Filed 1015 REGISTRAR	20 UN DERTAKER ADDRESS
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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STATE OF MARYLAND PLACE OF DEAT CERTIFICATE OF DEATH Registration Dist. No. Lit death occurred to St:....Ward) a hospital or lostitution. give its NAME instead of street and comber. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. SEX 4 COLOR OR RACE MARRIEO. WIOOWEO, (Month) (Day) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. was as follows: OR min. ? mos. BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) yrs. mos. ds. State yrs. ____ Where was disease contracted. 14 THE ABOVE It not at place of death?... Former or usuai residence OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

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cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 de.; ture of the American Medical Association.) "Contributory." "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very

Important. See instructions on back of certificate.

Every item of information should be CAUSE OF DEATH in piain terms, s

N. B.-

RECORD

PERMANENT

V. S. No. 1.

PLACE OF DEATH alver



STATE OF MARYLAND CERTIFICATE OF DEATH

Vii	Quantani Po	Registration Dist, No. 32
	FULL NAME Herence La	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 81	Emule Color or race 6 single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
8 D	October 18, 19/5. (Month) (Day (Year)	that I last saw h & alive on DEC / 1915
TAG	yrs mos ds. Or min.?	and that death occurred on the date stated above, at 2 mm. The CAUSE OF DEATH* was as follows:
) (a)	CCUPATION Trade, profession, or Tricular kind of work	Jamonia
bus	General nature of industry, iness, or establishment in ch omployed (or omployor) RTHPLACE (State or country)	Contributory Secondary
ENTS	10 NAME OF Chas, Edward Wills 11 BIRTHPLACE OF FATHER (State or country)	(Signed) an epilan Collows, M. O State the Disease Caronic Disease of the distance of the disease of the disea
PAR	12 MAIDEN NAME Queenie Quill	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN: CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country)	or RECENT RESIDENTS) At place In the ot deathyrsmosds. Stateyrsmosds
	(Informant) Complos Wills	If not at place of death?————————————————————————————————————
15	(Address) Chesapias Er Brach	Frendship, Md. Lecas. 191
FII	ed Les 2, 1915 The MINTELLS REGISTRAR	20 UNDERTAKER ADDRESS!

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for scpsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



7. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate.		RECORD	PHYSICIANS should state of OCCUPATION Is very
	N. B. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VIIIage or City Sunkick (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jest 4 COLOR OR RACE 5 SINGLE, Married Modern Ordered (Write the word) 6 DATE OF BIRTH 1880	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 23, 191 5, to 20, 191 5, that I last saw here alive on the control of the contr
7 AGE (Month) (Day) (Year) 7 AGE If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at A . m, The GAUSE OF DEATH* was as follows:
particular kind of work (b) Genoral nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Ouration) yrs mes ds. Contributory (Secondary)
OF FATHER CASTLEE CALLED 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Address) Succlearly (M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidentally, Suicidal, or Homicidal.
OF MOTHER Prescilla Cacles 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 12 FOURT AL	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Address) Deschieft, Mcd 15 Filed Dec. 31, 1915 NM Nells Entry - Sec. Registrar If more blanks are peeded, address State Registrar	19 PLACE OF BURNAL OR REMOVAL DATE OF BURNAL 20 UNDERTAKEN ADDRESS M. M

[Approved by U. S. Census and American Public Health Association.]

ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekcepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ageness of various pursuits can be known. The question tion is very important, so that the relative meaithful-(a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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